

State of Arkansas CONTRACTORS LICENSING BOARD



Commercial New Application

\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

PLEASE READ THE INSTRUCTIONS (page 2) BEFORE COMPLETING THE APPLICATION

Revised 4/2012 (Commercial New App)

COMMERCIAL INSTRUCTIONS / CHECKLIST

Your completed application must be in this office ten (10) business days prior to a board meeting to be reviewed. If your application is not complete, you have 90 days from the date we receive the application to send the missing items. After the 90 days, another application and another fee will be required. By getting a commercial license you automatically qualify to do residential work in the same classification(s) as those listed on the commercial license.

1. Complete Application. (All lines need to be filled in, if one does not apply to you enter "N/A")
 - (a) Pages 3, 4, 8 and 9 completed.
 - (b) Appropriate business style affidavit and affidavit regarding bidding signed and notarized (pages 10 and 11). We cannot accept a notarized statement more than 90 days old.
2. \$100.00 filing fee made payable to the Contractors Licensing Board. (NON-REFUNDABLE)
3. Three (3) written references (pages 5, 6 and 7 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. The purpose of these references is to verify you have at least five (5) years of the required experience to receive the classification(s) you have requested. Please refer to page 4 of this application or to the blue booklet (Act 150) if you have any questions about the classification(s). **THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS.**
4. Copy of the Arkansas Business and Law test score. **The license can be approved but not released without this passing test score. Please refer to page 16 & 17 for more information about the test.**
5. Fully executed \$10,000.00 Contractor's Bond. **The license can be approved but not released without the bond. Please refer to pages 14 & 15 for more information about the bond.**
- 6a). A reviewed or audited financial statement must be submitted. **COMPILATIONS WILL NOT BE ACCEPTED. THERE ARE NO EXCEPTIONS. The date the review or audit was prepared for, not the date the financial was signed must be less than one year old.** (The expiration date of your license will be determined by the date of the financial statement submitted.) The reviewed or audited financial statement must include:
 - (1) reviewed or audited opinion letter from an Independent CPA;
 - (2) balance sheet prepared in the "percentage of completion" or "completed contract method".
DO NOT SUBMIT AN INCOME TAX BASIS FINANCIAL STATEMENT;
 - (3) all footnotes to the balance sheet (See Ark. Code Ann. 17-25-304)
- 6b). REFER TO Rules and Regulations Act 150 (224-25-6). One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and **cannot be a stockholder note to the company or receivables.** See net worth requirements in Rules and Regulations Act 150 (224-25-6 (c)). **Example: If you ask for a Building classification, the net worth requirement is \$50,000 you will need \$25,000 cash in the bank. If you ask for a specialty classification, the net worth requirement is \$5,000 you will need \$2,500 cash in the bank.**
7. If you are applying as a Corporation, LLC, or LP you will also need to attach a copy of the Articles/Filings from your entity's Secretary of State's Office. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
8. **If the applicant has employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**
9. **If the applicant is also applying for a Residential License with a classification different from that of the commercial license:** The applicant will need to complete the New Application for a Residential License. No additional fee or test is required, but the application must be completed and references given for the appropriate classification requested to work in the Residential industry.

Do not write in this space - CLB OFFICAL USE ONLY

Filing Fee: _____

ID#: _____

Commercial New Application

PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH IT TO APPEAR ON LICENSE. IF YOU ARE APPLYING AS A CORPORATION, LLC, OR LLP YOU MUST USE THE EXACT NAME AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE

ANSWER ALL OF THE FOLLOWING QUESTIONS, IF A QUESTION DOES NOT APPLY TO YOU ENTER "N/A":

Company or Individual Name _____

D/B/A Name _____
(Doing Business As)

Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER _____

If applying as Corporation / LLC, list the Federal ID# _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____ Company Tax Year End _____

Name of Person to Contact with Any Questions _____

Contact Phone _____

Fax Number _____

E-mail Address _____

**Complete the following with information for the person that will take or has taken the
Business & Law Exam**

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively
involved in the day to day operations
_____ Sole Owner

CLASSIFICATIONS

If you are applying for one of our “MAJOR” CLASSIFICATIONS listed below please indicate by circling that class. A description of each class can be found in our Arkansas State Licensing Law for Commercial Contractors Regulation 224-25-5(i) of Act 150. ****Note**** The “mechanical” and “electrical” classifications require certain Arkansas trade license(s).

Heavy Construction
Municipal & Utility
Highway, Railroad & Airport

Building (Commercial & Residential)
Light Building (Commercial & Residential)
Mechanical (*Arkansas trade licenses required*)
Electrical (*Arkansas trade license required*)

If a “SPECIALTY(s)” is requested list each specialty class below:
(See Regulation 224-25-5(i)(8) of Act 150 for a list of specialty(s).

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific) _____

If any of the following classifications are being requested then attach a copy of your Arkansas trade license/certificate.

Asbestos Abatement	Landscaping w/planting
Boiler Construction or Repair	Lead Abatement
Electrical	Plumbing
Elevator	Refrigeration & Cold Storage
Fire & Burglar Alarm	Sheet Metal, Ducts
Fire Sprinkler	Underground Storage Tank
Gas Fitter	Water Wells
HVACR	

Complete the following section for each person that holds an Arkansas trade license/certificate (if more than one attach information separately).

Name _____ Social Security # _____
How long have you been with this company? _____ Position held with this company _____
Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively
involved in the day to day operations
_____ Sole Owner

Verify five (5) years appropriate experience on each reference (pages 5, 6, and 7) for each classification requested.

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

1. Are you related or affiliated to the owners of the company or any of the employees? Yes ____ No ____
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: _____

5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why?

9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?
Yes ____ No ____ If yes, give details: _____

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

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If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: _____

5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why?

9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?
Yes ____ No ____ If yes, give details: _____

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

**THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

3. Are you related or affiliated to the owners of the company or any of the employees? Yes ____ No ____
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: _____

5. List any projects this company or individual has completed of which you have first hand knowledge: (be specific—list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? Yes ____ No ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Would you recommend this individual or company to be a licensed contractor? Yes ____ No ____ If the answer is no, why?

9. Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of ?
Yes ____ No ____ If yes, give details: _____

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

APPLICANT'S INFORMATION

Note: The Word "You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.

1. Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER_____

2. How long has your organization been in business as a contractor under your present business name?_____

3. How many years of work experience does the trade or classification qualifier for this license have? _____

Yes___ No___ 4. Have you ever failed to complete any work awarded to you? (See definition of "you" above) **If yes, attach separately a statement of circumstance.**

Yes___ No___ 5. Have you ever been an investor, partner or officer of some other organization that failed to complete a construction contract? (See definition of "you" above) **If yes, attach separately the name of the individual, other organization and reason for failure.**

Yes___ No___ 6. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of "you" above) **If yes, attach and an explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors and a copy of the bankruptcy discharge.**

Yes___ No___ 7. Have you ever been convicted of a felony? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 8. Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 9. Have you ever had a contractors license or been associated with a contractors license in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 10. Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? (See definition of "you" above) **If yes, attach separately details and an explanation.**

Yes___ No___ 11. Have you ever had a contractors license revoked, suspended or surrendered in this or any other state? (See definition of "you" above) **If yes, attach separately details.**

Yes___ No___ 12. Do you knowingly employ individual(s) without legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 13. Do you knowingly hire workers, as independent contractor(s), who do not have legal authority to work in the United States? (See definition of "you" above)

Yes___ No___ 14. Are you legally authorized to work in the United States? (See definition of "you" above)

Yes___ No___ 15. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors, of workers without legal authority to work in the United States can lead to the revocation of your contractor's license in the State of Arkansas? (See definition of "you" above)

Yes___ No___ 16. Does this applicant have any employees?

Yes___ No___ 17. Does the applicant have Workers Compensation Insurance?

CORPORATION, LLC, or LP DATA:

Date Company Incorporated _____

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____
(*This process must be completed before you begin work in the State of Arkansas if you are a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

OR

PARTNERSHIP DATA:

Date Partnership Formed _____

State whether partnership is general, limited or associated: _____

List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with their Social Security number or EIN# if a Company or LLC.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, _____, being duly sworn/affirmed, state under oath:

(Name of Owner/Officer/Member/Partner)

That I am _____ of _____;

(Position held)

(Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

(Applicant Signature Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & Seal

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn/affirmed, states under oath:

(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

(Applicant Signature Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & Seal

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK COMMERCIAL NEW APPLICATION

I, _____, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)
_____ of _____;
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of \$20,000.00 or more, including but not limited to labor and materials.

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

(Signature of individual owner, partner, member or a responsible officer)

State of _____

County of _____

Acknowledged before me, this ____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & Seal

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

When Project Started: _____

Dollar Amount of Project: _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of your license.******

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE	Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72117 Telephone: (501) 372-4661
CORPORATE FRANCHISE TAX	Secretary of State Victory Building, Ste 250 1401 W Capitol Little Rock, AR 72201 Telephone: (501) 682-3409
Note: All Corporations are required to register and pay franchise taxes.	
INDIVIDUAL INCOME TAX.....	Individual Income Tax Section Revenue Division Department of Finance & Admin. P O Box 3628 Little Rock, AR 72203 Telephone: (501) 682-7272
CORPORATE INCOME TAX	Corporation Income Tax Section Revenue Division Department of Finance & Admin. P O Box 919 Little Rock, AR 72203 Telephone: (501) 682-4775
SALES & USE TAXES	Sales and Use Tax Section-Revenue Division Department of Finance & Administration P O Box 1272 Little Rock, AR 72203 Telephone: (501) 682-7104
UNEMPLOYMENT COMPENSATION..	Arkansas Employment Security Division P O Box 8007 Little Rock, AR 72203 Telephone: (501) 682-3276
WORKERS COMPENSATION	Arkansas Workers Compensation Commission 4th & Spring Streets, PO Box 950 Little Rock, AR 72203-0950 Telephone: (501) 682-3930 or 800-250-2511

Requires proof of prior certification before Contractors Licensing Board will approve classification(s).

****UNDERGROUND STORAGE TANKS
ASBESTOS, LEAD ABATEMENT.**

Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 (U.S.T.)
(501) 682-0718 (Asbestos & Lead)

****PLUMBING, GAS FITTERS
HVACR BOARD, SHEET METAL,
REFRIGERATION & COLD STORAGE**

Arkansas State Health Department
Plumbing & Natural Gas Division
4815 West Markham Slot #24
Little Rock, AR 72205-3867
Telephone: (501) 661-2642

****FIRE & BURGLAR ALARMS ...**

Arkansas State Police Fire Marshal
1 State Police Plaza Drive
Little Rock, AR 72209
Telephone: (501) 618-8600

****SPRINKLERS**

Arkansas Fire Protection Board
7509 Cantrell Road Suite 103A
Little Rock, AR 72207
Telephone: (501) 661-7903

****ELECTRICAL**

Board of Electrical Examiners - AR Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4549

****ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4530

****BOILERS**

Boiler Division - Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4513

****LANDSCAPING w/PLANTING**

Arkansas State Plant Board
1 Natural Resources Drive
Little Rock, AR 72205
Telephone: (501) 225-1598

****WATER WELLS**

Arkansas Water Well Commission
101 E Capitol, Ste 350
Little Rock, AR 72201
Telephone: (501) 682-1025 / (501) 682-3900

LABOR STANDARDS

Labor Standards Administrator-Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

ONLINE DIRECTORY

www.arkansas.gov/directory

PLEASE NOTE:

This list does not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to the other agencies, which must be contacted due to the special nature of your business.

**INSTRUCTIONS FOR COMPLETION
OF THE \$10,000 CONTRACTORS BOND**

This bond is required only of applicants for a **commercial license**.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

Your company name (Principal) **must match exactly** as it will appear, or does appear, on your Contractors License.

An owner, officer, member or partner must sign the bond form as Principal before mailing.

All Principal, Surety and Agent information requested on this form must be provided.

Any change in your Federal Employer Identification Number requires a new bond to be executed. Any change in your address requires an endorsement rider from your agent. Any change in your company's name will require other documentation, ****please call for instructions first.**

****If you are having difficulties obtaining this bond, your only other options are filing a cash bond or an Irrevocable Letter of Credit from your bank.**

ATTENTION AGENTS

An Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department must execute this bond. A copy of your license must be attached.

The bond may be executed solely by the surety company. An underwriter that works directly for the surety need only to sign as Attorney-in-Fact and type under your signature that you are a "direct underwriter".

****Contact Phyllis Isham at 501-371-1505 or phyllis.isham@arkansas.gov for more information.**



\$10,000 CONTRACTOR'S BOND

Required by A.C.A. § 17-25-401

Effective Date _____

STATE OF ARKANSAS

Bond Number _____

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, _____
Principal's Company Name As You Will Be Licensed

Principal Business Address (Physical) City State Zip Code Telephone Number

as principal, and _____
Surety's Name

Surety Address City State Zip Code Telephone Number

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars (\$10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the principal and to the State (Contractors Licensing Board).

Agent's/Broker's/Producer's Company Name

Principal's Signature (Owner, Officer, Partner, Member)

Mailing Address and Telephone Number

Title

City/State/Zip Code

Principal's Federal I.D. and/or Social Security Number

Agent's/Broker's/Producer's Signature

Attorney-in-Fact's Signature

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

**MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO:
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117**

Arkansas Business & Law Test (Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name.**
3. **Exam Code 100.**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. -8:00 p.m., Sat 8:00 a.m. - 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account (have a check ready for relaying the appropriate numbers). The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center (note these at the bottom of this page).
8. The test is open book, multiple choice, 50 questions, with a 2-hour time limit.
9. The book (Arkansas Contractors Guide to Business, Law and Project Management) is available from the Contractors Licensing Board for \$35.00, which may be purchased with credit card by calling (501) 372-4661, or send a check or money order for \$35.00 and a request for the book to:

**Arkansas Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117**

To order directly from the Publisher, call (623) 587-9354 or complete the order form on the back of this page.

10. No handwritten or additional notes are allowed in the reference book (no letters, words, diagrams, etc.) Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed.

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before your test begins. You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc. and your Arkansas Contractors Guide to Business, Law and Project Management.

- PLEASE BE ADVISED:**
- a) You may be given extra manuals when you arrive to take the test. You will only be tested from the Arkansas Contractors Guide to Business, Law and Project Management.
 - b) Verify your exam code before you take the test.

Confirmation Number: _____

Appointment Date: _____

Appointment Time: _____

ARKANSAS CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT ORDER FORM

To order a copy of the *Arkansas Contractors Guide to Business, Law and Project Management*, please complete the order form below, submit a check for the total order amount – payable to NASCLA Publications, Inc. and mail to:

NASCLA Publications, Inc.
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027

For credit card orders — *Visa, MasterCard, Discover or American Express* — mail the completed form to the address above or order by:

Phone (623) 587-9354
Fax (623) 587-9625 or
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